



Application for Membership

Please ensure all information is completed in full in CAPITALS.

Registration Type: Junior <input type="checkbox"/> New <input type="checkbox"/> Senior <input type="checkbox"/> Renewal <input type="checkbox"/> Current Licence Expiry: (Must be completed with renewals) _____	Club Number: Reason for membership dates not running consecutively: -
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Personal Details:

Surname:	Forename(s):
Title:	Date of Birth:
Home Address:	
Postcode:	
Home Telephone:	Mobile:
Email:	

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| <p>1. Current WJJF Grade (Renewals only)</p> <p>_____</p> <p>2. Have you ever been convicted of a crime of violence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give brief details:</p> <p>_____</p> <p>_____</p> | <p>3. Do you suffer from any of the following?</p> <p><input type="checkbox"/> Migraine <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hay Fever</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Nervous Disorders</p> <p><input type="checkbox"/> Heart Disorders <input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Haemophilia or Respiratory Problems</p> <p>Other ? (please state):</p> <p>_____</p> |
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DECLARATION: - In completion of this application for registration to the World Ju-Jitsu UK CIC, I accept that participation in a martial art carries the risk of serious injury and I hereby exonerate the World Ju-Jitsu UK CIC from losses, either personal, or of articles, or injuries of any nature or cause whatsoever. I further declare that I am fit to train in martial arts. The World Ju-Jitsu UK CIC has a Data Privacy Policy a copy of which can requested from our Head Office. By signing this form, you are agreeing that your data will be stored and used in accordance with this Policy.

SIGNATURE _____ DATE _____

Signature of parent or guardian is required if the applicant is under the age of 18 years

Please state the relationship to applicant if signing on his/her behalf: _____